

**UNITED STATES BANKRUPTCY COURT** Middle**DISTRICT OF** Pennsylvania

In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132  
Chapter 13**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

Name of Schedule	Attached (Yes/No)	Number of Sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	x	1	65000.00		
B - Personal Property	x	5	6895.00		
C - Property Claimed as Exempt	x	2			
D - Creditors Holding Secured Claims	x	2		60307.75	
E - Creditors Holding Unsecured Priority Claims	x	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	x	8		50,806.40	
G - Executory Contracts and Unexpired Leases	x	1			
H - Codebtors	x	1			
I - Current Income of Individual Debtor(s)	x	2			2587.29
J - Current Expenditures of Individual Debtor(s)	x	3			2437.90
Total Number of Sheets of All Schedules		26			
Total Assets			71895.00		
Total Liabilities				111114.15	

**United States Bankruptcy Court**

Middle

**District Of** Pennsylvania

In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-00132

Chapter 13

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I Line 12)	\$ 2,587.29
Average Expenses (from Schedule J, Line 22)	\$ 2,437.90
Current Monthly Income (from Form 22A Line 12; <b>OR</b> Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ 2,974.75

**State the following:**

1. Total from Schedule D, "Unsecured Portion, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 50,806.40
5. Total from non-priority unsecured debt (sum of 1, 3, and 4)		\$ 50,806.40



In re:Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Harrisburg, Dauphin County 202 Kelker Street (Harrisburg, PA 17102)	Fee simple		65,000.00	60,307.75
Total ->			\$65,000.00	(Report also on Summary of Schedules)



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
01 Cash on hand				10.00
02 Checking savings or other financial accounts certificates of deposit or shares in banks savings and loan thrift building and loan and homestead associations or credit unions brokerage houses or cooperatives.		Fulton Bank account		160.00
03 Security Deposits with public utilities telephone companies landlords and others.	x			
04 Household goods and furnishings including audio video and computer equipment.		Miscellaneous household goods, furnishings, 2 tvs. No item is valued at more than \$575.		750.00
		Desktop computer, lap top & Ipad		225.00
05 Books; pictures and other art objects; antiques; stamp coin record tape compact disc and other collections or collectibles.		Books, pictures, art objects and records		300.00
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				1,445.00
Continuation sheets attached				



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
06 Wearing apparel.		Miscellaneous clothing		200.00
07 Furs and jewelry.		Watches and rings		500.00
08 Firearms and sports photographic and other hobby equipment.	x			
09 Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10 Annuities. Itemize and name each issuer.	x			
11 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1) Give particulars.(file separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	x			
12 Interests in IRA ERISA Keogh or other pension or profit sharing plans. Give particulars.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				2,145.00
Continuation sheets attached				



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13 Stock and interest in incorporated and unincorporated businesses. Itemize.	x			
14 Interest in partnerships or joint ventures. Itemize.	x			
15 Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16 Accounts receivable.	x			
17 Alimony maintenance support and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18 Other liquidated debts owing debtor including tax refunds. Give particulars.	x			
19 Equitable or future interests life estates and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A of Real Property.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				2,145.00

Continuation sheets attached



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20 Contingent and non-contingent interests in estate of a decedent death benefit plan life insurance policy or trust.	x			
21 Other contingent and unliquidated claims of every nature including tax refunds counterclaims of the debtor and rights to setoff claims. Give estimated value of each.	x			
22 Patents copyrights and other general intellectual property. Give particulars.	x			
23 Licenses franchises and other general intangible. Give particulars.	x			
24 Customer lists or compilations containing personally identifiable information (as defined in 11U.S.C. §101(41A)) provided by individuals connected with obtaining product or service from the debtor primarily for personal family or household purposes.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				2,145.00

Continuation sheets attached



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25 Automobiles trucks trailers and other vehicles and accessories.		2006 Chevrolet Uplander van		3,500.00
26 Boats motors and accessories.	x			
27 Aircraft and accessories.	x			
28 Office equipment furnishings and supplies.	x			
29 Machinery fixtures equipment and supplies used in business.		DJ equipment (amplifiers, speakers, lights, CDs, etc.)		750.00
		Costumes		500.00
30 Inventory.	x			
31 Animals.	x			
32 Crops-growing or harvested. Give particulars.	x			
33 Farming equipment and implements.	x			
34 Farm supplies chemicals and feed.	x			
35 Other personal property of any kind not already listed. Itemize.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				6,895.00

Continuation sheets attached





In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Harrisburg, Dauphin County 202 Kelker Street (Harrisburg, PA 17102)	11 USC § 522(d)(1) Aggregate Interest in Property Used as a Residence or Burial Plot	60,307.75	65,000.00
	11 USC § 522(d)(5) Aggregate Interest in Property	10.00	10.00
Fulton Bank account	11 USC § 522(d)(5) Aggregate Interest in Property	160.00	160.00
Miscellaneous household goods, furnishings, 2 tvs. No item is valued at more than \$575.	11 USC § 522(d)(3) Aggregate Value of Household Furnishings and Goods Wearing Apparel Appliances Books Animals Crops or Musical Instruments	750.00	750.00
Miscellaneous clothing	11 USC § 522(d)(3) Aggregate Value of Household Furnishings and Goods Wearing Apparel Appliances Books Animals Crops or Musical Instruments	200.00	200.00
Watches and rings	11 USC § 522(d)(4) Aggregate Interest in Jewelry	500.00	500.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2006 Chevrolet Uplander van	11 USC § 522(d)(2) Motor Vehicle	3,500.00	3,500.00
DJ equipment (amplifiers, speakers, lights, CDs, etc.)	11 USC § 522(d)(6) Aggregate Interest in Implements Professional Books or Tools of the Trade	750.00	750.00
Desktop computer, lap top & Ipad	11 USC § 522(d)(3) Aggregate Value of Household Furnishings and Goods Wearing Apparel Appliances Books Animals Crops or Musical Instruments	225.00	225.00
Books, pictures, art objects and records	11 USC § 522(d)(3) Aggregate Value of Household Furnishings and Goods Wearing Apparel Appliances Books Animals Crops or Musical Instruments	300.00	300.00
Costumes	11 USC § 522(d)(6) Aggregate Interest in Implements Professional Books or Tools of the Trade	500.00	500.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT OF LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C # 8845			VALUE \$ 65,000.00	5,301.65		
Capital One Bank (USA) NA 4851 Cox Road Glen Allen VA 23060			Civil judgment - 09/14/2014 202 Kelker Street Harrisburg, PA 17102			
A/C # 6060			VALUE \$ 65,000.00	30,260.44		
CitiMortgage, Inc. 1000 Technology Drive O'Fallon MO 63368			Mortgage - 4/24/1996 202 Kelker Street Harrisburg, PA 17102			
A/C #			VALUE \$			
Edwin A. Abrahamsen & Asso Michael F. Ratchford Esqui 120 North Keyser Avenue Scranton PA 18504			Collection agent and attorney for Captial One Bank (USA) NA - Information only			
A/C #			VALUE \$			
Fisery Lending Solutions PO Box 2590 Chicago IL 60690			Collection agent for PSECU - Information only			
A/C # 1813			VALUE \$ 65,000.00	19,284.35		
PSECU 1 Credit Union Place Harrisburg PA 17110			Mortgage - home equity loan - 10/02/2007 202 Kelker Street Harrisburg, PA 17102			
A/C #			VALUE \$			
Patenaude & Felix APC Gregg L Morris Esquire 213 East Main Street Carnegie PA 15106			Attorney for TD Bank USA NA -Target Visa - Information only			
A/C #			VALUE \$			
Phelan Hallinan LLP Paul Cressman Esquire 1617 JFK Boulevard Suite 1 One Penn Center Plaza Philadelphia PA 60690			Attorney for CitiMortgage Inc. - Foreclosure action - 2014-CV-8462 Information only			
Subtotal -> (Total of this page)				54,846.44	0.00	
Total ->				54,846.44	0.00	

☒ Continuation Sheets attached. (use only on last page of the completed Schedule D.)(Report total also on  
Summary of Schedules)(If applicable,  
Report also on  
Statistical Summary  
of Certain  
Liabilities and  
Related Data.)

\*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT OF LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C # 7544 TD Bank USA NA PO Box 660170 Dallas TX 25266-0170			VALUE \$ 65,000.00 Civil judgment - 01/28/2014 202 Kelker Street Harrisburg, PA 17101	5,461.31		
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
Subtotal -> (Total of this page)				5,461.31	0.00	
Total ->				60,307.75	0.00	

Continuation Sheets attached. (use only on last page of the completed Schedule D.)

\*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on  
Summary of Schedules)(If applicable,  
Report also on  
Statistical Summary  
of Certain  
Liabilities and  
Related Data.)

In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00

(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPE OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C § 507(a)(2).

☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$12,475\* per employee, earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4)

☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**  
 Claims of certain farmers and fishermen, up to \$6150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §507(a)(6).

☐ **Deposits by individuals**  
 Claims of individuals up to \$2775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7)

☐ **Alimony, Maintenance, or Support**  
 Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such child, or a governmental unit whom such a domestic support claim was assigned to the extent provided in U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(7).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
 Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(8)

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
 Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2016, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

[illegible]



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
1127604 AMCOL Systems PO Box 1022 Wixom MI 48393-1022			Collection agent - Pinnacle Health - information only		
8267 ARS National Services Inc PO Box 463023 Escondido CA 92046-3023			Collection agent - Original creditor Citibank N.A./Citi AAdvantage World Mastercard - Information only		
6791 AT&T Mobility 17000 Cantrell Road Little Rock AR 72223			Various - telephone bill		114.39
4478 Alder Health Services Inc 100 North Cameron Street Suite 301E Harrisburg PA 17101			Medical bill		321.00
1642 Allied Interstate Collect PO Box 361567 Columbus OH 43236			Collection agent - Information only		
4295 Asset Recovery Solutions 2200 East Devon Ave Ste 2 Des Plaines IL 60018-4501			Collection agent for Bureaus Investment Group Portfolio No 15 LLC - Information only		
				Subtotal	\$ 435.39
				Total	\$ 435.39

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
if applicable, on the Statistical Summary of Certain  
Liabilities and Related Data.)



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
7245 Best Buy Capital One Retail Servic PO Box 30253 Salt Lake City UT 84130			Various - credit card		2,956.00
0521 Bon Ton Capital One PO Box 30253 Salt Lake City UT 84130			Various - credit card		1,079.00
0001 Boscovs PO Box 5893 Carol Stream IL 60197-589			Information only - Account sold to Bureaus Investment G4roup Portfolio NO 15 LLC		
8570 Bureaus Investment Group 2094 Myrtlewood Drive Montgomery AL 36111			Purchased debt from Boscov's		973.00
2042 CACH LLC 4340 South Monaco Second Floor Denver CO 80237			Purchased account from HSBC		2,957.00
90571 Calcagno & Rossi Vein Treatment Center 2025 Technology Parkway Suite 304 Mechanicsburg PA 17050			Medical bill		45.00
<b>X</b> continuation sheets attached.				Subtotal	\$ 8,010.00
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				Total	\$ 8,445.39



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
			See Schedule D		
Capital One Bank 4851 Cox Road Glen Allen VA 23060					
09060			Various - per capita		700.60
Capital Tax Collection Bu 2301 North 3rd Street Harrisburg PA 17110-1893					
3371			Various - credit card		5,097.88
Citi Premier/Expedia PO Box 6062 Sioux Falls SD 57117					
6395			Various - credit card - original creditor		
Comenity Bank Recovery Department PO Box 182124 Columbus OH 43218-2124					
2001-4			Collection agent for Infinity Insurance Companies - information only		
Credit Collection Service PO Box 9134 Needham Heights MA 02494-					
7146			Various - credit card		5,097.00
Expedia Citi Cards PO Box 18311 Columbus OH 43218					
X continuation sheets attached.				Subtotal	\$ 10,895.48
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				Total	\$ 19,340.87





In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
335 506 395 Express PO Box 650671 San Antonio TX 78265			Various - credit card		895.00
9047 GECF/Lowes PO Box 965005 Orlando Florida 32896			Various - credit card		2,386.92
2001-4 Infinity Insurance Compan PO Box 830807 Birmingham AL 35283-0187			Insurance premium		110.48
8912 J A Cambece 200 Cummings Center Suite 173 D Beverly MA 01915			Collection agent for CACH LLC - information only		
0560 Lowes Business Account PO Box 530970 Atlanta GA 30353			Various - credit card		2,386.00
4122 Monarch Recovery Manageme 10965 Decatur Road Philadelphia PA 19154			Collection agent - Sams Club Credit - information only		
<b>X</b> continuation sheets attached.					
Subtotal					\$ 5,778.40
Total					\$ 25,119.27

(Use only on last page of the completed Schedule F.)  
 (Report total also on Summary of Schedules and,  
 if applicable, on the Statistical Summary of Certain  
 Liabilities and Related Data.)



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0560 Monarch Recovery Mgmt Inc PO Box 21089 Philadelphia PA 19114-058			Collection agent - Lowes Business card - Synchrony Bank formerly GE Capital Retail		
18906541 National Enterprise Syste 29125 Solon Road Solon OH 44139-3442			Collection agent - Sams Club Credit - information only		
Northland Group PO Box 390905 Minneapolis MN 55439			Collection agent - Original creditor Citi AAdvantage World Mastercard - Information only		
71008 PPL Electric Utilities 827 Hausman Road Allentown PA 18104-9392			Utility bill		315.40
1813 PSECU 1 Credit Union Place Harrisburg PA 17110			Signature loan		9,334.00
1189 PSECU 1 Credit Union Place Harrisburg PA 17110			Various - Visa card		9,871.00
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 19,520.40
Total					\$ 44,639.67

(Use only on last page of the completed Schedule F.)  
 (Report total also on Summary of Schedules and,  
 if applicable, on the Statistical Summary of Certain  
 Liabilities and Related Data.)



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
2866 Pathology Associates of Central PA 4520 Union Deposit Road Harrisburg PA 17111-2910			Medical bill		3.95
Penn Credit PO Box 988 Harrisburg PA 17108-0988			Collection agent - Pinnacle Health - information only		
Pier One Commenity Bank PO Box 182789 Columbus OH 43218			Various - credit card		276.00
431679 Pinnacle Health Cardiovas 1000 North Front Street Wormleysburg PA 17043			Medical bill		174.90
9107 Pinnacle Health Emergency 6880 West Snowville Road Brecksville OH 44141-3255			Medical bill		21.65
354225 Pinnacle Health Hospitals PO Box 2353 Harrisburg PA 17105			Various - medical bills		1,337.23
<b>X</b> continuation sheets attached.					
					Subtotal \$ 1,813.73
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					Total \$ 46,453.40



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
6395 Portfolio Recovery Associ 120 Corporate Boulevard Norfolk VA 23502			Purchased debt from Comeneity Bank/World Financial Network Bank		1,967.76
2837 Professional Bureau of Collections of Maryland I PO Box 628 Elk Grove CA 95759			Collection agent - Comenity Bank - information only		
6005 RMS PO Box 5471 Mount Laurel NJ 08054			Collection agent - Verizon - information only		
Riverside Anesthesia 1 Rutherford Road Suite 101 Harrisburg PA 17109			Medical bill		52.20
0671 Sams Club Credit GE Captial Retail Bank Attn: Bankruptcy Departme PO Box 103104 Roswell GA 30076			Various - credit card		1,817.61
8898 Solomon & Solomon PC Five Columbia Circle Albany NY 12203			Collection agent - Verizon - information only		
<b>X</b> continuation sheets attached.					
Subtotal					\$ 3,837.57
Total					\$ 50,290.97

(Use only on last page of the completed Schedule F.)  
 (Report total also on Summary of Schedules and,  
 if applicable, on the Statistical Summary of Certain  
 Liabilities and Related Data.)



In re: Schulz, Charles A.

Debtor(s)

Case No. 1:15-bk-0

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
2360167 Stoneleigh Recovery Assoc PO Box 1479 Lombard IL 60148-8479			Collection agent for Bureaus Investment Group Portfolio No 15 LLC - Information only		
7155 Sunrise Credit Services I PO Box 9100 Farmingdale NY 11735-9100			Collection agent - Verizon - information only		
Target Visa TD Bank USA PO Box 660170 Dallas TX 17102			See Schedule D		
41524 The Bureaus 650 Dundee Road Suite 370 Northbrook IL 60062			Original creditor Boscovs - Information only		
00529Y Verizon 500 Technology Drive Suite 550 Weldon Springs MO 63304			Various - telephone bill		276.99
5856 Vision Financial Corporat PO Box 7477 Rockford IL 61126-7477			Collection agent for Commenity Bank (Pier One) - information only		
<b>X</b> continuation sheets attached.					
Subtotal					\$ 276.99
Total					\$ 50,567.96

(Use only on last page of the completed Schedule F.)  
 (Report total also on Summary of Schedules and,  
 if applicable, on the Statistical Summary of Certain  
 Liabilities and Related Data.)

**In re:** Schulz, Charles A.

**Debtor(s)**

**Case No. 1:15-bk-0**

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD- DEBTOR	H- W-J-C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CUD	AMOUNT OF CLAIM
4189  West Shore Surgery Center 2015 Technology Parkway Mechanicsburg PA 17050			Medical bill		238.44
<b>Total</b>				\$	<b>238.44</b>

continuation sheets attached.

(Use only on last page of the completed Schedule F.)

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
if applicable, on the Statistical Summary of Certain  
Liabilities and Related Data.)



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-00132 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: Schulz, Charles A.

Debtor(s) Case No. 1:15-bk-0 (if known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



**Fill in this information to identify your case:**

Debtor 1 Schulz, Charles A.

Debtor 2

(Spouse if filing)

United States Bankruptcy Court for the:

Middle

District of Pennsylvania

Case number 1:15-bk-00132

(If known)

Check if this is:

☐ A supplement showing chapter 13 income as of the following date:

MM / DD /YYYY

**Official Form B 6I****Schedule I: Your Income****12/13**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:****Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

**Employment status****Debtor 1**☒

Employed

☐

Not Employed

**Debtor 2 or non-filing spouse**☐

Employed

☐

Not Employed

Include part-time, seasonal, or self-employed work.

**Occupation**

Framing associate

Occupation may include student or homemaker, if it applies.

**Employer's name**

Paper Lion Framing/s

**Employer's address**1217 Hummel Avenue  
Lemoyne  
PA 17043**How long employed there?**

4 months/14 yea

**Part 2:****Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions**

(before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

**For Debtor 1****For Debtor 2 or non-filing spouse****2. \$** 1794.00 **\$****3. + \$** **+ \$****3. Estimate and list monthly overtime pay.****4. Calculate gross income. Add line 2 + line 3.****4. \$** 1794.00 **\$** 0.00



Debtor 1 Schulz, Charles A.

Case number (if known)

1:15-bk-00132

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	4. \$ 1794.00	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 387.46	
5b. Mandatory contributions for retirement plans	5b. \$	\$
5c. Voluntary contributions for retirement plans	5c. \$	\$
5d. Required repayments of retirement fund loans	5d. \$	\$
5e. Insurance	5e. \$	\$
5f. Domestic support obligations	5f. \$	\$
5g. Union dues	5g. \$	\$
5h. Other deductions. Specify	5h. +\$	\$
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h</b>	6. \$ 387.46	\$ 0.00
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	7. \$ 1406.54	\$ 0.00
<b>8. List all other income regularly received:</b>		
<b>8a. Net income from rental property and from operating a business, profession or farm</b>		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$	\$
<b>8b. Interest and dividends</b>	8b. \$	\$
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$	\$
<b>8d. Unemployment compensation</b>	8d. \$	\$
<b>8e. Social Security</b>	8e. \$	\$
<b>8f. Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security	8f. \$ 1065.00	\$
<b>8g. Pension or retirement income</b>	8g. \$	\$
<b>8h. Other monthly income. Specify: Self-employment</b>	8h. +\$ 115.75	+\$
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	9. \$ 1180.75	\$
<b>10. Calculate monthly income. Add line 7 + line 9.</b>	10. \$ 2587.29	\$ 0.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		\$ 2587.29
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		11. \$
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 2587.29
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Self employment income or overtime of approximately \$50.00/month.		

**Fill in this information to identify your case:**

Debtor 1 Schulz, Charles A.

Debtor 2  
(Spouse if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania  
Case number 1:15-bk-00132  
(If known)

Check if this is:

☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form B 6J**

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:**

**Describe Your Household**

**1. Is this a joint case?**

☒ **No** Go to line 2.

☐ **Yes. Does Debtor 2 live in a separate household?**

☐ **No**

☐ **Yes. Debtor 2 must file a separate Schedule J.**

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ **No**

☐ **Yes. Fill out information for each dependant .....**

**Dependents relationship to Debtor1 or Debtor2**

**Dependents age**

**Does dependant live with you?**

☐ **Yes**

☐ **No**

☐ **Yes**

☐ **No**

☐ **Yes**

☐ **No**

☐ **Yes**

☐ **No**

**3. Do your expenses include expenses of people other than yourself and your dependents?**

☒ **No**

☐ **Yes**

**Part 2:**

**Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)



Debtor 1 Schulz, Charles A.

Case number (If known)

1:15-bk-00132

		Your expenses
4.	<b>The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.</b>	4. \$ 571.90
If not included in line 4:		
4a.	Real estate taxes	4a. \$
4b.	Property, homeowner's, or renter's insurance	4b. \$
4c.	Home maintenance, repair, and upkeep expenses	4c. \$
4d.	Homeowner's association or condominium dues	4d. \$
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$ 222.00
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. \$ 275.00
6b.	Water, sewer, garbage collection	6b. \$ 68.00
6c.	Telephone, cell phone, internet, satellite, and cable services	6c. \$ 112.46
6d.	Other, Specify:	6d. \$
7.	<b>Food and housekeeping supplies</b>	7. \$ 300.00
8.	<b>Childcare and children's education costs</b>	8. \$
9.	<b>Clothing, laundry, and dry cleaning</b>	9. \$ 100.00
10.	<b>Personal care products and services</b>	10. \$ 50.00
11.	<b>Medical and dental expenses</b>	11. \$ 100.00
12.	<b>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</b>	12. \$ 200.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines and books</b>	13. \$ 100.00
14.	<b>Charitable contributions and religious donations</b>	14. \$ 40.00
15.	<b>Insurance.</b>	
<b>Do not include insurance deducted from your pay or included in lines 4 or 20.</b>		
15a.	Life insurance	15a. \$
15b.	Health insurance	15b. \$ 152.37
15c.	Vehicle insurance	15c. \$ 83.17
15d.	Other insurance. Specify:	15d. \$
16.	<b>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: School District</b>	16. \$ 13.00
17.	<b>Installments or lease payments:</b>	
17a.	Car payments for vehicle 1	17a. \$
17b.	Car payments for vehicle 2	17b. \$
17c.	Other. Specify:	17c. \$
17d.	Other. Specify:	17d. \$
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18. \$
19.	<b>Other payments you make to support others who do not live with you. Specify:</b>	19. \$



Debtor 1 Schulz, Charles A.

Case number (If known)

1:15-bk-00132

Your expenses**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	
20b. Real estate taxes	20b. \$	
20c. Property, homeowner's, or renter's insurance	20c. \$	
20d. Maintenance, repair, and upkeep expenses	20d. \$	50.00
20e. Homeowner's association or condominium dues	20e. \$	
20f. Other		

\$  
\$  
\$  
\$

**21. Other. Specify:**

21. +\$

**22. Your monthly expenses. Add lines 4 through 21.  
The result is your monthly expenses.**

22. \$ 2437.90

**23. Calculate your monthly net income:**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2587.29
23b. Copy your monthly expenses from line 22 above.	23b. -\$	2437.90
23c. Subtract your monthly expenses from your monthly income.		

*The result is your monthly net income.*

23c. \$ 149.39

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: